



STATE OF TENNESSEE

NCQA PCMH Annual Reporting

Presenters:

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Today's Agenda

- 11:00-11:45 (CT)
 - Introduction
 - NCQA PCMH Annual Reporting Requirements
- 11:45am-12pm (CT)
 - Facilitated Discussion
 - Questions, Best Practices, Challenges and Novel Ideas
 - Wrap-up

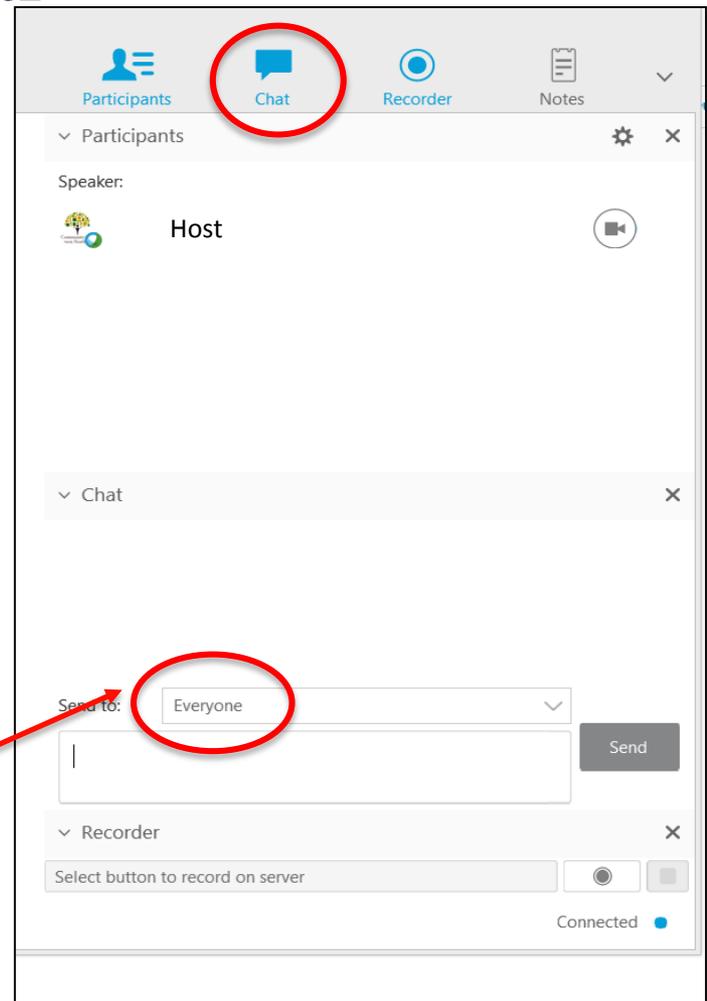
Introduction to the Webinar

Chat Box During the Presentation

Send:

- Best Practices
- Challenges
- Novel Ideas
- Questions

Select “Everyone” and enter your question or comment



Annual Reporting Requirements

Sustaining Recognition

- Practices will demonstrate they continue to align with recognition requirements by submitting data and evidence on these critical aspects of PCMH:
 - Patient-Centered Access & Continuity (AC)
 - Care Coordination & Care Transitions (CC)
 - Care Management & Support (CM)
 - Knowing & Managing Your Patients (KM)
 - Team-Based Care & Practice Organization (TC)
 - Performance Measurement & Quality Improvement (QI)
 - Behavioral Health (BH) (Special Topic)
- Practices will also have the opportunity to submit data and evidence on special topics, such as behavioral health.

Annual Reporting Date

- The annual reporting date is set one month before a practice's recognition anniversary date
- Practices recognized as PCMH 2014 Level 3 renew on the end date of their current recognition and are eligible to sustain Recognition through the annual reporting process
 - All associated practices in a multi-site group typically share the same reporting date
 - The anniversary date is based on the date the first practice earned recognition



Annual Reporting Process: Reporting, Audit and Decision

- Practices will/must:
 - Use Q-PASS to submit data and evidence for their annual reporting
 - Verify core features of the medical home have been sustained
 - Meet the minimum number of requirements for each category
- NCQA:
 - Reviews submission and notifies practices of their sustained recognition status
 - Will randomly select practices for audit to validate attestation and submission
- Practices that do not submit on time or fail to meet other requirements may have their recognition status suspended or revoked. That may include having their recognition status changed to “Not Recognized.”

The Audit: (part of the “succeed” phase)

- A sample of practices will be audited to validate evidence, procedures, attestations and other responses of a Q-PASS submission
- NCQA audits a sample of practices, either by specific criteria or at random
- Audits may be completed by email, teleconference, webinar or other electronic means, or through onsite review
- NCQA notifies the practice of audit findings and the recognition status within 30 days after conclusion of the audit
- Practices have 30 days from the time of audit findings to correct any deficiencies
 - If requirements are met within this period, recognition continues

Shared vs. Site-Specific Evidence

- The organization should go to the Share Credits tab from their Organization Dashboard in Q-PASS to set up their shared site groups
 - If evidence is identified as “shared,” the organization may submit it once on behalf of all or a specified group of practice sites
- If evidence is identified as “site-specific,” the practice must provide site-specific data or evidence

Requirements Overview

AR - AC

Patient-Centered Access and Continuity (AR-AC)

Choose to report one of the following options:

AR-AC 01 Patient Experience
Feedback—Access

OR

AR-AC 02 Third Next
Available Appointment

OR

AR-AC 03 Monitoring
Access—Other Method

AR - AC 01: Q-PASS

AR-AC 01: Patient Experience Feedback: Access (AR)

Patient Experience of Access - Data (AR)

Evidence

Patient Experience of Access - Data (AR) (for reporting date 06/26/2019)

+ New

Numerator: Number of completed surveys in the past 12 months.

Denominator: Number of patients surveyed in the past 12 months.

Reporting Period

Rate

1

MM/DD/YYYY

MM/DD/YYYY

0.00% ✘



✘ required

✘ required

✘ required

Notes for your evaluator (optional) Provide guidance to your reviewer when looking at your evidence

AR - CC

Care Coordination and Care Transitions (AR-CC)

Report the following:

AR-CC 01 Care Coordination Process

AND

Choose to report **one** of the following options:

AR-CC 02 Patient
Experience
Feedback—Care
Coordination

OR

AR-CC 03 Lab
and Imaging Test
Tracking

OR

AR-CC 04
Referral Tracking

OR

AR-CC 05 Care
Transitions

AR - CC 01: Q-PASS

AR-CC: Annual Reporting: Care Coordination and Care Transitions.

AR-CC1: Care Coordination Processes

Tracking Lab Tests, Imaging Tests,
Transitions of Care - Documented
Process (AR)

Tracking, Flagging and Follow-up on
Imaging Tests (AR)

Tracking, Flagging and Follow-up on
Lab Tests (AR)

Tracking, Flagging and Follow-up on
Specialist Referrals (AR)



AR - CM

Care Management and Support (AR-CM)

Report the following:

**AR-CM 01 Identifying and Monitoring
Patients for Care Management**

AR - CM 01: Q-PASS

AR-CM 01: Identifying and Monitoring Patients for Care Management (AR)

Care Management - Number of Patients Identified (AR)

Criteria for Care Management (AR)

Patients at the Practice - Definition (AR)

Patients at the Practice - Total Number (AR)



AR - CM 01: Q-PASS cont.

AR-CM01: Identifying and Monitoring Patients for Care Management (AR)

Care Management - Number of Patients Identified (AR)

Evidence

Care Management - Number of Patients Identified (AR) (for reporting date 06/26/2019)

+ New

Valid from to

MM/DD/YYYY

* required

MM/DD/YYYY

* required



Notes for your evaluator (optional) Provide guidance to your reviewer when looking at your evidence

AR – KM

Knowing and Managing Your Patients (AR-KM)

Report the following:

AR-KM 01 Proactive Reminders

AR – KM 01: Q-PASS

AR-KM: Annual Reporting: Knowing and Managing Your Patients

AR-KM 01: Proactive Reminders

Proactive Reminders - Chronic or Acute Care (AR)

Proactive Reminders - Immunizations (AR)

Proactive Reminders - Patients Not Seen (AR)

Proactive Reminders - Preventive Care (AR)

AR – KM 01: Q-PASS cont.

Proactive Reminders - Preventive Care (AR)

Evidence

Proactive Reminders - Preventive Care (AR) (for reporting date 06/26/2019)

+ New

How frequently does your practice generate lists and reminders for patients in need of preventive care services? Check all that apply.

- Selected options**
- Annually
 - We do not provide reminders for this category
 - Monthly
 - Quarterly
- * You must select at least 1.

Valid from

MM/DD/YYYY

* required

to

MM/DD/YYYY

* required



Notes for your evaluator (optional) Provide guidance to your reviewer when looking at your evidence

AR – QI

Performance Measurement and Quality Improvement (AR-QI)

Report the following:

AR-QI 01 Clinical Quality Measures

AND

AR-QI 02 Resource Stewardship Measures

AND

AR-QI 03 Patient Experience Feedback

AR – QI: Q-PASS

AR-QI: Annual Reporting: Performance Measurement and Quality Improvement

AR-QI 01: Clinical Quality Measures

AR-QI 02: Resource Stewardship Measures

AR-QI 03: Patient Experience Feedback

AR – QI: QI Worksheet (example)

	A	B	C	D	E	F
2			Required Information	Site 1	Site 2	Site 3
3	EXAMPLE Clinical Quality: Immunization Measure	A	Category (Shared)	Immunization	Immunization	Immunization
4		B	Name (Shared)	Influenza vaccination	DTaP vaccination	Pneumococcal vaccination
5		C	Numerator description (Shared)	Patients in the denominator who received an influenza vaccination within the 12 months prior to the reporting date	Patients in the denominator who received at least 4 DTaP vaccinations on or before the child's second birthday	Patients in the denominator who received a pneumococcal vaccination
6		D	Denominator description (Shared)	Adults 18-64 years of age	Children under 2 years of age	Adults 65 years of age and older
7		E	Numerator (Site-specific)	1600	1600	2000
8		F	Denominator (Site-specific)	1700	1950	3000
9		G	Reporting Period (Site-specific)	9/1/2018	8/15/2018	5/1/2018
10		H	Was the measure a target for QI? (Site-specific)	Yes	Yes	Yes
11	EXAMPLE Resource Stewardship: Care Coordination Measure	A	Category (Shared)	Care coordination		
12		B	Name (Shared)	Receipt of referral report from specialist		
13		C	Numerator description (Shared)	Number of referral reports received after a referral		
14		D	Denominator description (Shared)	Number of patient referrals in the reporting period		
15		E	Numerator (Site-specific)	1750	2225	2500
16		F	Denominator (Site-specific)	2500	3500	4000
17		G	Reporting Period (Site-specific)	8/1/2018-8/31/2018	6/1/2018-6/30/2018	6/1/2018-6/30/2018
18		H	Was the measure a target for QI? (Site-specific)	Yes	Yes	No
<div style="display: flex; justify-content: space-between; align-items: center;"> Instructions EXAMPLE AR-QI 01 Clinical Quality AR-QI 02 Resource Stewardship AR-QI 03 F . </div>						



Source: Annual Reporting Requirements for PCMH Recognition; REPORTING PERIOD: JANUARY 1 – DECEMBER 31, 2019; October 1, 2018

AR – QI: QI Worksheet (Resource Stewardship)

	A	B	C	D	E	F	G
1			Practice Name(s):	<<SITE 1 NAME>>	<<SITE 2 NAME>>	<<SITE 3 NAME>>	<<SITE 4 NAME>>
2			Required Information	Site 1	Site 2	Site 3	Site 4
3	Care Coordination Measure	A	Category (Shared)	Care Coordination			
4		B	Name (Shared)				
5		C	Numerator description (Shared)				
6		D	Denominator description (Shared)				
7		E	Numerator (Site-specific)				
8		F	Denominator (Site-specific)				
9		G	Reporting Period (Site-specific)				
10		H	Was the measure a target for QI? (Site-specific)				
11	Health Care Cost Measure	A	Category (Shared)	Health Care Cost			
12		B	Name (Shared)				
13		C	Numerator description (Shared)				
14		D	Denominator description (Shared)				
15		E	Numerator (Site-specific)				
16		F	Denominator (Site-specific)				
17		G	Reporting Period (Site-specific)				
18		H	Was the measure a target for QI? (Site-specific)				
19							
20							
21							
22							
23							



AR – TC

Team-Based Care and Practice Organization (AR-TC)

Report the following:

AR-TC 01 Patient Care Team Meetings

AR – TC 01: Q-PASS

AR-TC 01: Patient Care Team Meetings

Pre-Visit Planning Activities (AR)

Evidence

Pre-Visit Planning Activities (AR) (for reporting date 06/26/2019)

+ New

Does your practice anticipate and plan for upcoming visits? Check all that apply.

Selected options

- Appointment notes
- Team meetings/huddles
- Structured communication
- Checklist
- Dashboard in the EHR

* You must select at least 1.

Valid from

MM/DD/YYYY

* required

to

MM/DD/YYYY

* required



AR – BH

Special Topic: Behavioral Health (AR-BH)

Report ALL of the following (Required, but not scored):

AR-BH 01 Behavioral
Health eQMs

AND

AR-BH 02 Behavioral
Health Staffing

AND

AR-BH 03 Behavioral
Health Referral
Monitoring

AR-BH 04 Depression
Screening

AND

AR-BH 05 Anxiety
Screening

AND

AR-BH 06 Behavioral
Health Clinical Decision
Support

AR – BH: Q-PASS

AR-BH: Annual Reporting: Behavioral Health (Required Special Topic)

AR-BH1: Behavioral Health eQMs

AR-BH2: Behavioral Health Staffing

AR-BH3: Behavioral Health Referral Monitoring

AR-BH4: Depression Screening

AR-BH5: Anxiety Screening

AR-BH6: Behavioral Health Clinical Decision Support

Questions?

Collaborative Discussion

- Best Practices
- Challenges
- Novel Ideas
- Questions

Housekeeping

- Select “Everyone” and enter your question or comment
- The host will read comments from the chat box

References

- Annual Reporting Requirements for PCMH Recognition; REPORTING PERIOD: JANUARY 1 – DECEMBER 31, 2019; October 1, 2018
- NCQA PCMH Policies and Procedures (2017 Edition, Version 4) January 29, 2019
- Q-PASS; <https://qpass.ncqa.org>

Contact Information

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